

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2011

through

02

28

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

03

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		226459.16
(b) Cash on Hand at Beginning of Reporting Period .....	202579.56	
(c) Total Receipts (from Line 19) .....	54275.64	89989.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	256855.20	316448.90
7. Total Disbursements (from Line 31) .....	68134.86	127728.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	188720.34	188720.34
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	2	2	8	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12668.64	30521.74
(ii) Unitemized .....	41527.00	59388.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	54195.64	89909.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	80.00	80.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	54275.64	89989.74
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	54275.64	89989.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	54275.64	89989.74

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	68134.86	127728.56	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	68134.86	127728.56	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68134.86	127728.56	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68134.86	127728.56	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	54275.64	89989.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54275.64	89989.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	68134.86	127728.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68134.86	127728.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)  
BARROWS BARROWS INSURANCE

Mailing Address 215 NORTH MAIN STREET

City State Zip Code  
MANSFIELD MA 02048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

848.64

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11.184313

Amount of Each Receipt this Period

848.64

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JOHN BEAR

Mailing Address P.O. BOX 1757

City State Zip Code  
DUXBURY MA 02331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.183914

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CRAIG BEST

Mailing Address 88 ROCKPORT ROAD  
DO NOT CALL

City State Zip Code  
WESTON MA 02493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DOCTOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.183948

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1198.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

ROBERT BRACE

Mailing Address 9 JACKSON POND

City

DEDHAM

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.183873

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NELSON BURBANK

Mailing Address 24 JUNIPER CIRCLE

City

READING

State

MA

Zip Code

01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11.184561

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID ECKERT

Mailing Address 128 BOSTON POST ROAD

City

WAYLAND

State

MA

Zip Code

01778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.184322

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

CLAY EVANS

Mailing Address PO BOX 792

City

NANTUCKET

State

MA

Zip Code

02554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENTOccupation  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: SA11.183180

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CLAY EVANS

Mailing Address PO BOX 792

City

NANTUCKET

State

MA

Zip Code

02554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENTOccupation  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.184366

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL GREGORY

Mailing Address 19 MILL POND

City

MARBLEHEAD

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	1

Transaction ID: SA11.184269

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PAUL GREGORY

Mailing Address 19 MILL POND

City

MARBLEHEAD

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.184554

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALFRED L. GRIGGS

Mailing Address 1 ROUNDHOUSE PLZ STE 302

City

NORTHAMPTON

State

MA

Zip Code

01060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.183781

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK HAFER

Mailing Address 1010 WALTHAM STREET, APT. H291

City

LEXINGTON

State

MA

Zip Code

02421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.184247

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

595.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM K. HOSKINS

Mailing Address 85 E INDIA ROW APT 20 A/B

City

BOSTON

State

MA

Zip Code

02110-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSKINS & ASSOCIATES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.183886

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GREGORY HOWES

Mailing Address 110 COTTAGE ST.

City

CONCORD

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.184368

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW KESWICK

Mailing Address 231 VICTORY ROAD

City

NORTH QUINCY

State

MA

Zip Code

02171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KESWICK CONSULTING

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.184367

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

KURT LANZA

Mailing Address P.O. BOX 2178

City

LITTLETON

State

MA

Zip Code

01460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	1

Transaction ID: SA11.183892

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SUSAN MATTES

Mailing Address 9 HARDY ROAD

City

MARLBOROUGH

State

MA

Zip Code

01752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASTRAZENECA R&D BOSTON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RESEARCH SCIENTIST

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11.184249

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KONICA MINOLTA

Mailing Address 500 DAY HILL RD

City

WINDSOR

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	1

Transaction ID: SA11.184311

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PAUL MORGAN

Mailing Address 23 EAGLES NEST RD.

City

DUXBURY

State

MA

Zip Code

02332-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN CONSTRUCTION

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.183894

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM HUGH MORTON

Mailing Address 1480 DRIFT ROAD

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORTON LAW OFFICE

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.184500

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

OSWALDO PALOMO

Mailing Address 9 PRESIDENTS STREET

City

EAST HAMPTON

State

NY

Zip Code

11937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADS VENTURES, INC.

Occupation  
ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.184365

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

HORACE SCHERMERHORN

Mailing Address 10 VILLAGE DRIVE

City

EAST SANDWICH

State

MA

Zip Code

02537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

Transaction ID: SA11.184297

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HORACE SCHERMERHORN

Mailing Address 10 VILLAGE DRIVE

City

EAST SANDWICH

State

MA

Zip Code

02537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	1

Transaction ID: SA11.184344

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GILBERT STEWARD

Mailing Address 137 LARCH ROW

City

WENHAM

State

MA

Zip Code

01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	1

Transaction ID: SA11.184307

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS VENDITTI

Mailing Address 160 WARREN AVENUE

City

SEEKONK

State

MA

Zip Code

02771-2097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEEKONK SPEEDWAYOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.184400

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

D. BRADFORD WETHERELL

Mailing Address 47 FRESH POND LANE

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.184409

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GEORGE YOUNG

Mailing Address 235 WALKER STREET  
APT 252

City

LENOX

State

MA

Zip Code

01240-2749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.184371

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

12668.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

SHARON RANDALL COMMITTEE

Mailing Address 4 PIERCE ST.

City

MARBLEHEAD

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 1

Transaction ID: SA11.184005

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PAUL BURKE

Mailing Address 37 WHITE ST

City

QUINCY

State

MA

Zip Code

02169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.184003

Amount of Each Receipt this Period

40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

80.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 Dwight St.  
Apt. 1

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.1

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

916.78

B.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 Dwight St.  
Apt. 1

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.32

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

916.77

C.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 Dwight St.  
Apt. 1

City Brookline State MA Zip Code 02446

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.9

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

168.00

Vendor not paid over \$200  
in calendar year

SUBTOTAL of Disbursements This Page (optional) .....

2001.55

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 37

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

KAITLYN GREELEY

Mailing Address 34 Fresno St.

City  
Rosindale

State  
MA

Zip Code  
02131

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.13

Date of Disbursement

/   /

Amount of Each Disbursement this Period

263.03

B.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address 6391 Sprint Parkway

City  
Overland Park

State  
KS

Zip Code  
66251

Purpose of Disbursement  
Phone Bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.49

Date of Disbursement

/   /

Amount of Each Disbursement this Period

263.03

C.

Full Name (Last, First, Middle Initial)

KAITLYN GREELEY

Mailing Address 34 Fresno St.

City  
Rosindale

State  
MA

Zip Code  
02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

968.63

**SUBTOTAL** of Disbursements This Page (optional) .....

1494.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

KAITLYN GREELEY

Mailing Address 34 Fresno St.

City  
Rosindale

State  
MA

Zip Code  
02131

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.35

Date of Disbursement

/   /

Amount of Each Disbursement this Period

554.91

**B.**

Full Name (Last, First, Middle Initial)

NATHAN LITTLE

Mailing Address 83 Concreve St.

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.22

Date of Disbursement

/   /

Amount of Each Disbursement this Period

226.94

**C.**

Full Name (Last, First, Middle Initial)

At&T

Mailing Address PO BOX 536216

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
Phone Bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.47

Date of Disbursement

/   /

Amount of Each Disbursement this Period

154.99

**SUBTOTAL** of Disbursements This Page (optional) .....

936.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bowdoin Square Exxon	<b>Transaction ID:</b> SB.48 <b>Date of Disbursement</b>																				
Mailing Address 239 Cambridge St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City Boston State MA Zip Code 02114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">132.00</td> </tr> </table>	132.00																			
132.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NATHAN LITTLE	<b>Transaction ID:</b> SB.3 <b>Date of Disbursement</b>																				
Mailing Address 83 Concreve St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	1												
City Boston State MA Zip Code 02131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2176.57</td> </tr> </table>	2176.57																			
2176.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NATHAN LITTLE	<b>Transaction ID:</b> SB.31 <b>Date of Disbursement</b>																				
Mailing Address 83 Concreve St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	1												
City Boston State MA Zip Code 02131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2134.50</td> </tr> </table>	2134.50																			
2134.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4443.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NATHAN LITTLE</b>	<b>Transaction ID:</b> SB.33 <b>Date of Disbursement</b>																				
Mailing Address 83 Concreve St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	1												
City Boston State MA Zip Code 02131	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2176.58</td> </tr> </table>	2176.58																			
2176.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MELISSA LUCAS</b>	<b>Transaction ID:</b> SB.10 <b>Date of Disbursement</b>																				
Mailing Address 22 Slayton Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consultant - Party Only	<table border="1"> <tr> <td colspan="10">2863.92</td> </tr> </table>	2863.92																			
2863.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MELISSA LUCAS</b>	<b>Transaction ID:</b> SB.40 <b>Date of Disbursement</b>																				
Mailing Address 22 Slayton Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	1												
City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consultant - Party Only	<table border="1"> <tr> <td colspan="10">2665.80</td> </tr> </table>	2665.80																			
2665.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7706.30**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)  
MAGAN MUNSON

Mailing Address  
209 Bunker Hill Apt. 1

City  
Charlestown

State  
MA

Zip Code  
02129

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB.23

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2011

Amount of Each Disbursement this Period  
100.00

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address  
JFK STATION

City  
BOSTON

State  
MA

Zip Code  
02110

Purpose of Disbursement  
Permit Renewal

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB.52

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2011

Amount of Each Disbursement this Period  
100.00

C.

Full Name (Last, First, Middle Initial)  
MAGAN MUNSON

Mailing Address  
209 Bunker Hill Apt. 1

City  
Charlestown

State  
MA

Zip Code  
02129

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB.34

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2011

Amount of Each Disbursement this Period  
1451.87

1651.87

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

State: District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER NASSOUR	<b>Transaction ID:</b> SB.14 <b>Date of Disbursement</b>																				
Mailing Address 49 Chelsea St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City Charleston State MA Zip Code 02129	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursements	<table border="1"> <tr> <td>266.01</td> </tr> </table>	266.01																			
266.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bowdoin Square Exon	<b>Transaction ID:</b> SB.45 <b>Date of Disbursement</b>																				
Mailing Address 239 Cambridge St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City Boston State MA Zip Code 02114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>164.01</td> </tr> </table>	164.01																			
164.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LAZ Parking	<b>Transaction ID:</b> SB.46 <b>Date of Disbursement</b>																				
Mailing Address 100 High St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City Boston State MA Zip Code 02110	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking	<table border="1"> <tr> <td>22.00</td> </tr> </table>	22.00																			
22.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

452.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 37

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Metro Cab

Mailing Address 120 BRAINTREE ST

City  
ALLSTON

State  
MA

Zip Code  
02134

Purpose of Disbursement  
CAB

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.44

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

ADVANTAGE PAYROLL SERVICES

Mailing Address P.O. Box 1330

City  
Auburn

State  
ME

Zip Code  
04211

Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.36

Date of Disbursement

/   /

Amount of Each Disbursement this Period

201.81

**C.**

Full Name (Last, First, Middle Initial)

ADVANTAGE PAYROLL SERVICES

Mailing Address P.O. Box 1330

City  
Auburn

State  
ME

Zip Code  
04211

Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.37

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2033.47

**SUBTOTAL** of Disbursements This Page (optional) .....

2315.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
**ADVANTAGE PAYROLL SERVICES**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2574.09

**B.** Full Name (Last, First, Middle Initial)  
**AMEX**

Mailing Address PO BOX 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Credit Card expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4488.30

**C.** Full Name (Last, First, Middle Initial)  
**DELTA AIR LINES**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
CREDIT CARD EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.60

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.70

TRAVEL EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

7147.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) GODADDY.COM	<b>Transaction ID:</b> SB.54 <b>Date of Disbursement</b>																				
Mailing Address 14455 N HAYDEN RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City SCOTTSDALE State AZ Zip Code 85260 Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>125.88</td> </tr> </table>	125.88																			
125.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEBSITE EXPENSES																				
<b>B.</b> Full Name (Last, First, Middle Initial) ICONCONTACT	<b>Transaction ID:</b> SB.55 <b>Date of Disbursement</b>																				
Mailing Address 5221 PARAMOUNT PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City MORRISVILLE State NC Zip Code 27560 Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>149.00</td> </tr> </table>	149.00																			
149.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOCIAL MEDIA BILL																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEWTON MARRIOTT	<b>Transaction ID:</b> SB.62 <b>Date of Disbursement</b>																				
Mailing Address 2345 COMMONWEALTH AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City NEWTON State MA Zip Code 02466 Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2774.48</td> </tr> </table>	2774.48																			
2774.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ROOM RENTAL FEE, FOOD AND BEVERAGE - PARTY ONLY																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3049.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 37

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address P.O. Box 36647

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
CREDIT CARD EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.61

Date of Disbursement

/   /

Amount of Each Disbursement this Period

240.00

TRAVEL EXPENSES

**B.**

Full Name (Last, First, Middle Initial)

UNITED AIRWAYS

Mailing Address 77 W. Wacker Drive

City  
CHICAGO

State  
IL

Zip Code  
60601

Purpose of Disbursement  
CREDIT CARD EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.59

Date of Disbursement

/   /

Amount of Each Disbursement this Period

269.70

TRAVEL EXPENSES

**C.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E Sky Harbor Blvd

City  
Phoenix

State  
AZ

Zip Code  
85034

Purpose of Disbursement  
CREDIT CARD EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.56

Date of Disbursement

/   /

Amount of Each Disbursement this Period

553.40

TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

1063.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 104 Canal St

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.43

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

354.51

B.

Full Name (Last, First, Middle Initial)

BLUE CROSS BLUE SHIELD

Mailing Address PO Box 4701

City  
Woburn

State  
MA

Zip Code  
01888

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.29

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

480.73

C.

Full Name (Last, First, Middle Initial)

CENTURY TYPE INC.

Mailing Address 1020 Commonwealth Avenue

City  
Boston

State  
MA

Zip Code  
02215

Purpose of Disbursement  
Printing Company

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.38

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

420.00

SUBTOTAL of Disbursements This Page (optional) ►

1255.24

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
**CHARLESTOWN SELF STORAGE**

Mailing Address 50 Terminal St.

City Charlestown State MA Zip Code 02129

Purpose of Disbursement  
Storage Unit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

624.00

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST**

Mailing Address PO Box 196

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Internet Bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.16

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.61

**C.** Full Name (Last, First, Middle Initial)  
**DIRECT MAIL SYSTEMS**

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 33762

Purpose of Disbursement  
Fundraising - Party Only

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.25

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6073.76

**SUBTOTAL** of Disbursements This Page (optional) .....

6802.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

DIRECTV

Mailing Address PO Box 60036

City  
Los Angeles

State  
CA

Zip Code  
90060

Purpose of Disbursement  
Cable Bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.26

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

49.34

B.

Full Name (Last, First, Middle Initial)

Doubletree Hotel Boston/Milford

Mailing Address 11 Beaver Street

City  
Milford

State  
MA

Zip Code  
01757

Purpose of Disbursement  
Event room, food & drink - Party Only

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.17

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

14380.00

C.

Full Name (Last, First, Middle Initial)

Doubletree Hotel Boston/Milford

Mailing Address 11 Beaver Street

City  
Milford

State  
MA

Zip Code  
01757

Purpose of Disbursement  
Event room, food & drink - Party Only

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.30

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

1941.04

SUBTOTAL of Disbursements This Page (optional) .....

16370.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) FEDEX	<b>Transaction ID:</b> SB.24 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
<table border="1"> <tr> <td>City Pittsburg</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping fees</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburg	State PA	Zip Code 15250	Purpose of Disbursement Shipping fees		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>13.65</td> </tr> </table>	13.65											
City Pittsburg	State PA	Zip Code 15250																			
Purpose of Disbursement Shipping fees		<input type="text"/> Category/ Type																			
Candidate Name																					
13.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FEDEX	<b>Transaction ID:</b> SB.28 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
<table border="1"> <tr> <td>City Pittsburg</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping fees</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburg	State PA	Zip Code 15250	Purpose of Disbursement Shipping fees		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>32.94</td> </tr> </table>	32.94											
City Pittsburg	State PA	Zip Code 15250																			
Purpose of Disbursement Shipping fees		<input type="text"/> Category/ Type																			
Candidate Name																					
32.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	<b>Transaction ID:</b> SB.12 <b>Date of Disbursement</b>																				
Mailing Address 324 25th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Ogden</td> <td>State UT</td> <td>Zip Code 84201</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Overdue Income Tax Return Bill</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Ogden	State UT	Zip Code 84201	Purpose of Disbursement Overdue Income Tax Return Bill		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>684.36</td> </tr> </table>	684.36											
City Ogden	State UT	Zip Code 84201																			
Purpose of Disbursement Overdue Income Tax Return Bill		<input type="text"/> Category/ Type																			
Candidate Name																					
684.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**730.95**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

KAUPPI COMMUNICATIONS

Mailing Address PO Box 152

City  
West Groton

State  
MA

Zip Code  
01472

Purpose of Disbursement  
Communication Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.18

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

KAUPPI COMMUNICATIONS

Mailing Address PO Box 152

City  
West Groton

State  
MA

Zip Code  
01472

Purpose of Disbursement  
Communication Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.27

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

KONICA MINOLTA BUSINESS SOLUTIONS

Mailing Address 21146 Network Place

City  
Chicago

State  
IL

Zip Code  
60673

Purpose of Disbursement  
Copier bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.42

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**6767.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>OX-EYE PROPERTIES</b></p> <p>Mailing Address 117 South 14th St. Ste. 300</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.19</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4434.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>POLAND SPRING</b></p> <p>Mailing Address P.O. Box 856192</p> <p>City Louisville State KY Zip Code 40285</p> <p>Purpose of Disbursement Water bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.41</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.41"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>STAPLES</b></p> <p>Mailing Address PO Box 689020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.11</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="126.47"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4578.88**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

U.S. POSTAL SERVICE

Mailing Address 1165 2nd Ave.

City  
Des Moines

State  
IA

Zip Code  
50318

Purpose of Disbursement  
BRE Permit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.15

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

U.S. POSTAL SERVICE

Mailing Address 1165 2nd Ave.

City  
Des Moines

State  
IA

Zip Code  
50318

Purpose of Disbursement  
BRE Permit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.21

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

VERIZON PHONE

Mailing Address PO Box 1100

City  
Albany

State  
NY

Zip Code  
12250

Purpose of Disbursement  
Phone bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.20

Date of Disbursement

/   /

Amount of Each Disbursement this Period

610.98

**SUBTOTAL** of Disbursements This Page (optional) .....

1360.98

**TOTAL** This Period (last page this line number only) .....

72332.02

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 / 37

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 FLS Connect

 Nature of Debt (Purpose):  
 Original Debt for telemar-  
 keting non-fea

Mailing Address 7300 Hudson Blvd. Ste

City	State	ZIP Code
Saint Paul	MN	55128

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

4410.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 / 37

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-Nexis

Nature of Debt (Purpose):  
Original debt for research  
party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1250.00

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5660.20